

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ AU

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference LAM/99058235	
International application No. PCT/SG00/00012	International filing date (day/month/year) 31 JANUARY 2000
(Earliest) Priority date (day/month/year) 2 FEBRUARY 1999	
Title of invention METAL CASTING	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
SINGAPORE POLYTECHNIC 500 DOVER ROAD SINGAPORE 139651	
Telephone No.: (65) 772 1055	
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Teleprinter No.:	
State (that is, country) of nationality: SINGAPORE	State (that is, country) of residence: SINGAPORE
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
LOH, PENG CHUM 500 DOVER ROAD SINGAPORE 139651	
State (that is, country) of nationality: SINGAPORE	State (that is, country) of residence: SINGAPORE
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

LEE, AI MING
 RODYK & DAVIDSON
 9 RAFFLES PLACE #55-01
 REPUBLIC PLAZA
 SINGAPORE 048619

Telephone No.:

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Facsimile No.:

(65) 225 1838

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☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:**

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☒ as originally filed
☐ as amended under Article 34

the claims ☒ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☒ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination:

☒ which is the language in which the international application was filed. ENGLISH.....

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | |
|--|----------|
| 1. translation of international application | sheets |
| 2. amendments under Article 34 | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | sheets |
| 5. letter | 1 sheets |
| 6. other (specify) | sheets |

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received not received


<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney, reference number, if any: | 6. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



LEE, AI MING
AGENT

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1. Date of actual receipt of DEMAND: -
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):
3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/SG00/00012	For International Preliminary Examining Authority use only
Applicant's or agent's file reference LAM/99058235	Date stamp of the IPEA
Applicant: <div style="text-align: center; font-weight: bold;">SINGAPORE POLYTECHNIC ET AL</div>	
Calculation of prescribed fees <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Preliminary examination fee </div> <div style="width: 45%; text-align: right;"> <div style="border: 1px solid black; padding: 2px 10px;">AUD 450</div> <div style="border: 1px solid black; padding: 2px 5px; float: right;">P</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i> </div> <div style="width: 45%; text-align: right;"> <div style="border: 1px solid black; padding: 2px 10px;">AUD 238</div> <div style="border: 1px solid black; padding: 2px 5px; float: right;">H</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box </div> <div style="width: 45%; text-align: right;"> <div style="border: 1px solid black; padding: 2px 10px;">AUD 688</div> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">TOTAL</div> </div> </div>	
Mode of Payment <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft </div> <div style="width: 45%;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (specify): </div> </div>	
Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i> The IPEA/ _____ <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.	
Deposit Account Number _____	Date (day/month/year) _____
Signature _____	